

SECTION 404 (3)
CMHSP CONTRACTUAL DATA
REPORTING REQUIREMENTS
FY 2003

CMHSP REPORTING REQUIREMENTS

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**FY2003-2005 MDCH/CMHSP
MANAGED SPECIALTY SUPPORTS AND SERVICES CONTRACT
REPORTING REQUIREMENTS**

Introduction

The Michigan Department of Community Health (MDCH) reporting requirements for the FY2003-05 Master contract with community mental health services programs (CMHSPs) are contained in this attachment. The purpose of this document is to provide data definitions and submission due dates. A separate “Supplemental Instructions for Encounter and Quality Improvement Data Submissions” contains further clarification, value ranges, and edit parameters to assist CMHSP staff in preparing encounter and quality improvement data for submission to MDCH.

Collection of each element contained in the master contract attachment is required. Data reporting must be received by 5 p.m. on the due dates (where applicable) in the acceptable format(s). Failure to meet this standard will result in contract action.

The reporting of the data by CMHSPs described within this document meets several purposes at MDCH including:

- Legislative boilerplate annual reporting and semi-annual updates
- Managed Care Contract Management
- System Performance Improvement
- Statewide Planning
- Actuarial activities

Most of the changes in the consumer level service use/encounter data reflect the department’s understanding to date of the implications of the Health Insurance Portability and Accountability Act (HIPAA) on CMHSP encounter data reporting to MDCH. HIPAA requires that any part of certain defined electronic health care transactions must be reported in a standard format, with standardized content and codes. HIPAA health care transaction standards went into effect August 16, 2000, giving all entities two years and two months to become compliant.

HIPAA mandates that all consumer level data reported after October 16, 2002 must be compliant with the transaction standards. Therefore consumer level data collected for services provided after 10/1/02 must be HIPAA-compliant. A summary of the changes are:

- Encounter data (service use) will be submitted electronically on a Health Care Claim (ASCX12N 837 version 4010, hereafter referred to as the 837/4010), as appropriate.
- The 837/4010 requires a small set of specific demographic data: gender, diagnosis, Medicaid number, and social security number that are currently reported by CMHSPs in the demographic file.
- Additional demographic data that are not now reported to MDCH will now be required on the 837/4010 (e.g., name of consumer)
- Information about the encounter such as provider name and identification number, place of service, and amount paid for the service will be required.

- The 837/4010 includes a “header” and “trailer” that allows it to be uploaded via the DEG (data exchange gateway) to MDCH’s Management Information System (MIS).
- The remaining demographic data, in HIPAA parlance called “Quality Improvement” data, will be submitted in a separate file to MIS beginning with services provided after October 1, 2002. This file will be uploaded via the DEG so therefore must be accompanied by headers and trailers.

The information on HIPAA contained in this contract relates only to the data that MDCH is requiring for its own monitoring and/or reporting purposes, and does not address all aspects of the HIPAA transaction standards with which CMHSPs must comply for other business partners (e.g., providers submitting claims, or third party payers). Further information is available at www.michigan.gov/mdch.

Data that is uploaded via the DEG must follow the HIPAA-prescribed formats for the 837/4010 and MDCH-prescribed formats for QI data. If data does not follow the formats, entire files may be rejected by the electronic system.

HIPAA also requires that procedure codes, revenue codes and modifiers approved by the CMS be used for reporting encounters. Those codes are found in the Current Procedural Terminology (CPT) Manual, Fourth Edition, published by the American Medical Associations, the Health Care Financing Administration Common Procedure Coding System (HCPCS), the National Drug Codes (NDC), the Code on Dental Procedures and Nomenclature (CDPN), the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), and the Michigan Uniform Billing Manual.

MDCH has produced a crosswalk between existing covered Medicaid waiver services/units/field ID names and CPT or HCPCS codes/service definition/units as soon as the majority of mental health services have been assigned CPT or HCPCS codes. This crosswalk is available on the MDCH web site. The codes in these coding systems require standard units which must be used in reporting on the 837/4010. In some cases those units will be different than the units that CMHSPs have been reporting for services delivered. The codes and units will be published in Medicaid Bulletins issued by MDCH, in revisions to Chapter IV, Appendix F of the Medicaid Manual for CMHSPs and Substance Abuse CAs and the Supplemental Instructions.

Where accuracy standards for collecting and reporting QI data are noted in the contract, it is expected that CMHSPs will meet those standards.

Individual consumer level data received at MDCH is kept confidential and always reported out in the aggregate. Only a limited number of MDCH staff have access to the data base that contains social security numbers, income level, and diagnosis, for example.

2003-05 CMHSP DETAILED REPORTING SPECIFICATIONS**2002-03 DATA REPORT DUE DATES**

	Nov02	Dec	Jan03	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec03
1. Consumer level**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
a. Quality Improvement (monthly) ¹														
b. Service use/encounter (monthly) ¹														
2. Board Level		✓												✓
a. Sub-element cost report (annual) ²														
b. Performance Indicators (quarterly) ³			✓			✓			✓					✓
c. Death (quarterly) ³			✓			✓			✓					✓
d. Sentinel events (semi-annually) ³						✓						✓		
e. Recipient Rights (semi-annually) ^{4,5}						✓								✓

NOTES:

1. Send data to MDCH MIS via the DEG unless the CMHSP as affiliate has arranged for its PHP to submit consumer-level data for non-Medicaid beneficiaries
2. Send data to Michigan Public Health Institute
3. Send data to MDCH, Mental Health & Substance Abuse Services, Division of Mental Health Quality & Planning
4. Send Recipient Rights reports to MDCH Office of Recipient Rights
5. Per the Mental Health Code, the annual Recipient Rights report is due December 30th.

**Consumer level data must be submitted immediately within 30 days following adjudication of claims for services provided, or in cases where claims are not part of the PHP's business practices within 30 days following the end of the month in which services were delivered; however PHPs may have until ~~January 2003~~ March 31, 2003 to submit the first set of consumer level data (for claims adjudicated or services delivered October 2002 through February 2003), if additional time is needed.

Board level reports are due at 5 p.m. on the last day of the month checked

QUALITY IMPROVEMENT INFORMATION PER CONSUMER DATA REPORT

Demographic or “quality improvement” (QI) data is required to be reported for each consumer and for whom an encounter data record or fee-for service claim (for Children’s Waiver) is being submitted. Encounter data is reported within 30 days after the claim for the service is adjudicated, or in cases where claims payment is not part of the CMHSP’s business practice, within 30 days following the end of the month in which services were delivered. CMHSPs may have until ~~January 2003~~ March 31, 2003 to submit the first set of consumer data for claims adjudicated, or services provided, in October 2002 through February 2003, if the additional time is necessary. QI data is reported year-to-date. The first report for the fiscal year will contain records for all consumers whose claims were adjudicated the first month, the next month’s report will contain records of all consumers whose claims were adjudicated in month one and month two, etc. Corrective QI file updates are allowed from the CMHSP to replace a rejected file, or a file that contained rejected records.

Method for submission: The QI data is to be submitted in a delimited format, with the columns identified by the delimiter, rather than by column “from” and “to” indicators.

Due dates: The first QI data should be submitted during the same month the first encounter data is submitted. Encounter and QI data are due 30 days after a claim is adjudicated or services were rendered (see above note). Reporting adjudicated claims will enable the CMHSP to accurately report on the amount paid for the service and on third party reimbursements.

Who to report: Report on each consumer who received a service from the CMHSP, regardless of funding stream. The exception is when a CMHSP contracts with another CMHSP, or a Medicaid Health Plan contracts with a CMHSP to provide mental health services. In that case, the CMHSP that delivers the service does not report the encounter.

Who submits consumer-level data: The PHP must report the encounter and QI data for Medicaid beneficiaries for its entire service area/affiliation. Encounter and QI data for non-Medicaid beneficiaries may be reported by the CMHSP affiliate, as applicable. However, in order to ensure that people who move to and from Medicaid eligibility throughout the year, it is preferred that the PHP report all encounter and QI data for all mental health beneficiaries in its service area/affiliation.

Notes:

1. Demographic Information must be updated at least annually, such as at the time of annual planning. A consumer demographic record must be submitted for each month the consumer receives services, and for which an encounter record or fee-for-service claim (Children’s Waiver) is being submitted. Failure to meet this standard may result in rejection of a file and contract action.

QUALITY IMPROVEMENT INFORMATION PER CONSUMER DATA REPORT

2. New elements and new options within elements are noted with a ★. Except for Program Eligibility (PE changed from PS), all other field names for elements and options used for 98-02 have remained the same for 2003-05.
3. Numbers missing from the sequence of options represent items deleted from previous reporting requirements.
4. Items with an * require that 95% of records contain a value in that field and that the values be within acceptable ranges (see each item for the ranges). Items with ** require that 100% of the records contain a value in the field, and the values are in the proper format and within acceptable ranges. Failure to meet the 100% standard will result in rejection of the file or record.
5. A “Supplemental Instructions for Encounter and Quality Improvement Data Submissions” issued by MDCH should be used for file layouts.
6. Some demographic items will be reported in the HIPAA 837/4010 Health Care Claim transaction and will no longer be reported in the demographic file. Those are noted in the crosswalk between 2001 and 2003 data at the end of this section.
7. Some demographic items will be reported on both the HIPAA/4010 Health Care Claim transaction and the QI data report for ease of calculating population numbers during the year.

The following is a description of the individual consumer demographic elements for which data is required of Community Mental Health Services Programs.

★ = New Data

****1. ★ Reporting Period (REPORTPD)**

The last day of the month during which consumers received services covered by this report. Report year, month, day: ccyymmdd.

****2.a. ★ PHP Payer Identification Number (PHPID)**

The MDCH-assigned 9-digit payer identification number must be used to identify the PHP with all data transmissions.

2.b. ★ CMHSP Payer Identification Number (CMHID)

The MDCH-assigned 9-digit payer identification number must be used to identify the CMHSP with all data transmissions.

****3. Consumer Unique ID (CONID)**

A numeric or alphanumeric code, of 11 characters that enables the consumer and related services to be identified and data to be reliably associated with the consumer across all of the CMHSP's services. The identifier should be established at the PHP or CMHSP level so agency level or sub-program level services can be aggregated across all program services for the individual. The consumer's unique ID must not be changed once established since it is used to track individuals, and to link to their encounter data over time. A single shared unique identifier must match the identifier used in 837/4010 encounter for each consumer.

If the consumer identification number does not have 11 characters, it may cause

QUALITY IMPROVEMENT INFORMATION PER CONSUMER DATA REPORT

rejection of a file.

4. Social Security Number (SSNO)

The nine-digit integer must be recorded, if available.

Blank = Unreported [Leave nine blanks]

***5. Medicaid ID Number (MCIDNO)**

Enter the eight-digit integer for consumers with a Medicaid number.

Blank = Unreported [Leave eight blanks]

Consumers with Program Eligibility (#28) indicating Medicaid (28.01, 28.04, and/or 28.06) must have a Medicaid ID number (Standard = 95%)

6. Race/Ethnic Origin (RACE)

Indicate for each consumer, race according to the following categories:

- 1 = Native American - American Indian, Eskimo, and Aleut, having origins in any of the native peoples of North America.
 - 2 = Asian or Pacific Islander - A person having origins in any of the original peoples of the far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
 - 3 = African American/Black - A person having origins in any of the Black racial groups of Africa.
 - 4 = White - A person having origins in any of the original peoples of Europe
 - 5 = Hispanic - A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America.
 - 6 = Multi-racial - A person having origins in more than one of the other categories listed here.
 - 8 = Arab American - A person having origins in any of the original peoples of North Africa and West Asia
 - 9 = Consumer refused to provide information
- Blank = Unreported

7. Corrections Related Status (CORSTAT)

For persons under the jurisdiction of a corrections or law enforcement program during treatment, indicate the location/jurisdiction involved at the time of annual update during the period.

- 1 = In prison
- 2 = In jail
- 3 = Paroled from prison
- 4 = Probation from jail
- 5 = Juvenile detention center
- 6 = Court supervision
- 7 = Not under the jurisdiction of a corrections or law enforcement program

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- 8 = Awaiting trial
- 9 = Awaiting sentencing
- 10 = Consumer refused to provide information
- 11 = Minor (under age 18) who was referred by the court
- 12 = Arrested and booked
- 13 = Diverted from arrest or booking
- Blank = Unknown

8. ***Residential Living Arrangement (RESID)***

Indicate the consumer's residential situation or arrangement at the time of intake if it occurred during the reporting period, or at the time of annual update of consumer information during the period. Reporting categories are as follows:

- 1 = Homeless on the street or in a shelter for the homeless
- 2 = Living in a private residence with natural or adoptive family member(s). "Family member" means parent, stepparent, sibling, child, or grandparent of the primary consumer, or an individual upon whom the primary consumer is dependent for at least 50% of his or her financial support.
- 3 = Living in a private residence not owned by the CMHSP or the contracted provider, alone or with spouse or non-relative(s).
- 5 = Foster family home (Include all foster family arrangements regardless of number of beds)
- 6 = Specialized residential home - Includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (Include all specialized residential, regardless of number of beds)
- 8 = General residential home (Include all general residential regardless of number of beds)
"General residential home" means a licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules)
- 10 = Prison/jail/juvenile detention center
- 11 = Deleted (AIS/MR)
- 12 = Nursing Care Facility
- 13 = Institutional setting (congregate care facility, boarding schools, Child Caring Institutions, state facilities)
- 16 = Supported Independence Program (lease is held by CMHSP or provider)
- Blank = Unreported

9. ***Total Annual Income (TOTINC)***

Indicate the total amount of gross income of the individual consumer if he/she is single; or that of the consumer and his/her spouse if married; or that of the parent(s) of a minor consumer at the time of service initiation or most recent plan review. "Income" is defined as income that is identified as taxable personal income in section 30 of Act No. 281 of the

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Public Acts of 1967, as amended, being 206.30 of the Michigan Compiled Laws, and non-taxable income, which can be expected to be available to the individual and spouse not more than 2 years subsequent to the determination of liability.

Round to the nearest dollar, do not include commas, dollar signs or decimal points.

-Household income = \$ _____.00 [Example: \$10,358.34 = _10358]

-Blank = Unreported

-Acceptable range is \$0 to \$999,999

10. **Number of Dependents (NUMDEP)**

Enter the number of dependents claimed in determining ability-to-pay. "Dependents" means those individuals who are allowed as exemptions pursuant to section 30 of Act No. 281 of the Public Acts of 1967, as amended, being 206.30 of the Michigan Compiled Laws. Single individuals living in an AFC or independently are considered one exemption, therefore enter "1" for number of dependents.

of dependents = __ Blank = Unreported

11. **Employment Status (EMPLOY)**

Indicate current employment status as it relates to principal employment for consumers age 18 and over. Use #8 for consumers under 18 years old. Reporting categories are as follows:

- 1 = Employed full time (30 hours or more per week) competitively or self-employed.
- 2 = Employed part time (less than 30 hours per week) in competitively or self-employed.
- 3 = Unemployed - looking for work, and/or on layoff from job
- 4 = Not in the competitive labor force - includes homemaker, student age 18 and over, day program participant, resident or inmate of an institution (including nursing home)
- 6 = Retired from work
- 7 = Sheltered workshop or work services participant in non-integrated setting
- 8 = Not applicable to the person (e.g., child under 18)
- 9 = In supported employment only (See definition page 64)
- 10 = In supported employment and competitive employment

Blank = Unreported

12. **Education (EDUC)**

Indicate the level attained at the time of the most recent admission or annual update. For children attending pre-school that is not special education, use "blank=unreported."

Reporting categories are as follows:

- 1 = Completed less than high school
- 2 = Completed special education, high school, or GED
- 3 = In school - Kindergarten through 12th grade
- 4 = In training program
- 6 = In Special Education
- 7 = Attended or is attending undergraduate college
- 8 = College graduate

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Blank = Unreported

13. *Wraparound Service (WRAP)*

1 = Receives Wraparound Services

2 = Does not receive wraparound

14. *Functional Assessment (FUNCTOOL)*

Functional assessments are administered with individuals who newly request non-emergent services, with individuals who will be receiving ongoing non-emergent services following emergency services, and annually thereafter with persons receiving non-emergent ongoing services. Indicate which of the following tools was used for the most recent functional assessment:

The **Child and Adolescent Functional Assessment Scale (CAFAS)** must be administered with all children, aged 7 through 17 years, newly requesting non-emergent services, and annually thereafter.

◆ No tool is used with **adults with mental illness or individuals with developmental disabilities**, therefore, this category should be left blank.

1 = *CAFAS (used with children 7 through 17)

Blank = None

15. *Scale Scores (SC#1-10)*

Indicate for 15.1 through 15.10 the 8 child functioning subscales and the two care giver subscales to two decimals for the CAFAS. Leave blank for **adults with mental illness and persons with developmental disabilities**.

15.1= Scale Score #1

CAFAS Role Performance - School: Value = 00.00 - 30.00

15.2= Scale Score #2

CAFAS Role Performance - Home: Value = 00.00 - 30.00

15.3= Scale Score #3

CAFAS Role Performance - Community: Value = 00.00 - 30.00

15.4= Scale Score #4

CAFAS Behavior Toward Others: Value = 00.00 - 30.00

15.5= Scale Score #5

CAFAS Moods/Emotions: Value = 00.00 - 30.00

15.6= Scale Score #6

CAFAS Self-Harmful Behavior: Value = 00.00 - 30.00

15.7= Scale Score #7

CAFAS Substance Abuse: Value = 00.00 - 30.00

15.8= Scale Score #8

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CAFAS Thinking: Value = 00.00 - 30.00
15.9= Scale Score #9
CAFAS Primary Caregiver - Material Needs: Value = 00.00 - 30.00
15.10= Scale Score #10
CAFAS Primary Caregiver - Family/Social Support: Value = 00.00 - 30.00

16. Interval and Date of Most Recent Functional Assessment

Indicate the interval of the most recent assessment (per #15) and the date of the assessment. For persons with developmental disabilities indicate whether this is a new consumer ("1") or whether this is a continuing consumer for whom recent annual planning took place and needs for assistance were discussed.

16.01 Interval of most recent functional assessment (RECASS)

- 1 = New consumer
- 2 = Annual functional assessment for continuing consumer or annual planning for continuing consumer with developmental disabilities
- 3 = Assessment at termination, if appropriate
- 4 = Not appropriate for this person
- 5 = Not assessed during this time period

★6= An interval that is neither initial, annual, or termination

Blank = none or unrecorded

★16.02 Date of most recent functional assessment (DATASS) Enter the date of the assessment noted above: ccyymmdd

***17. Disability Designation**

Enter yes for all that apply, enter no for all that do not apply. To meet standard at least one field must have a "1."

17.01: Developmental disability (Individual meets the 1996 Mental Health Code Definition of Developmental Disability regardless of whether or not they receive services from the DD or MI services arrays) **(DD)**

- 1 = Yes
- 2 = No
- 3 = Not evaluated

17.02: Mental Illness (Has DSM-IV diagnosis, exclusive of mental retardation, developmental disability, or substance abuse disorder) **(MI)**

- 1 = Yes
- 2 = No
- 3 = Not evaluated

17.03: Substance Abuse Disorder (as defined in Section 6107 of the public health code. Act 368 of the Public Health Acts of 1978, being section 333.6107 of the MCL) **(SA)**

- 1 = Yes
- 2 = No
- 3 = Not evaluated

QUALITY IMPROVEMENT INFORMATION PER CONSUMER DATA REPORT

18. ***Service Designation***

Enter Yes for all that apply; enter No for all that do not apply.

18.1 Indicate if the person is receiving services that are primarily designed for mental illness, regardless of this person's diagnosis or disability designation (**MISERV**)

1= Yes

2= No

Blank = Unknown or unreported

18.2 Indicate if the person is receiving services that are primarily designed for people with developmental disabilities, regardless of this person's diagnosis or disability designation. (**DDSERV**)

1 = Yes

2 = No

Blank = Unknown or unrecorded

18.3. Indicate if the person is receiving services that are primarily designed for people with substance abuse disorders, regardless of this person's diagnosis or disability designation. (**SASERV**)

1 = Yes

2 = No

Blank = Unknown or unrecorded

PROXY MEASURES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Note: The following 6 elements are proxy measures for level of functioning for people with developmental disabilities. The information is obtained or observed when an individual begins receiving public mental health services for the first time, and/or at the time of annual planning. For purposes of these data elements, "Assistance" means the hands-on help from a paid or un-paid person or technological support needed to enable the individual to achieve the desired future agreed upon during planning.

19. ***Predominant Communication Style (People with developmental disabilities only)*** **(COMSTYLE)**

Indicate from the list below how the individual communicates **most of the time**:

1= English language spoken by the individual

2= Assistive technology used (includes computer, other electronic devices) or symbols such as Bliss board, or other "low tech" communication devices.

3= Interpreter used - this includes a foreign language or sign language interpreter, or someone who knows the consumer well enough to interpret speech or behavior.

4= Alternative language used - this includes a foreign language, or sign language.

Blank= Unreported

20. ***Assistance for Independence Needed (People with developmental disabilities only)***

Indicate below all areas of daily living activities in which the individual needs regular,

QUALITY IMPROVEMENT INFORMATION PER CONSUMER DATA REPORT

ongoing assistance. It does not include those situations in which the individual is temporarily unable to perform due to a short illness.

- 20.1 Mobility Assistance includes technology and equipment such as wheelchairs, and/or personal assistance such as help with transferring and transporting. **(MA)**
 1 = Yes, assistance is needed
 2 = No, assistance is not needed
 Blank = Unreported
- 20.2 Medication Administration includes administering, observing or reminding **(RX)**
 1 = Yes, assistance is needed
 2 = No, assistance is not needed
 Blank = Unreported
- 20.3 Personal Assistance includes help with bathing, toileting, dressing, grooming, and/or eating **(PA)**
 1 = Yes, assistance is needed
 2 = No, assistance is not needed
 Blank = Unreported
- 20.4 Household Assistance includes help with such tasks as cooking, shopping, budgeting, and light house-keeping **(HD)**
 1 = Yes, assistance is needed
 2 = No, assistance is not needed
 Blank = Unreported
- 20.5 Community Assistance includes help with transportation, purchasing, and money handling. **(CA)**
 1 = Yes, assistance is needed
 2 = No, assistance is not needed
 Blank = Unreported

21. Nature of Support System (People with developmental disabilities only) (NATSUPP)

Indicate how family and friends are involved with the consumer. "Involved" means consumer gets together with family/friends on a regular basis, for example, monthly or more often.

- 1 = Family and/or friends are not involved
 2 = Family and/or friends are involved, but do not provide assistance
 3 = Family and/or friends provide limited assistance, such as intermittent or up to once a month
 4 = Family and/or friends provide moderate assistance, such as several times a month up to several times a week
 5 = Family and/or friends provide extensive assistance, such as daily assistance to full-time care giving
 Blank = Information unavailable
-

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22. *Status of Existing Support System (People with Developmental Disabilities only)* (STATSUPP)

Indicate whether family/friend care giver status is at risk; including instances of care giver disability/illness, aging, and/or re-location. "At risk" means is care giver will likely be unable to continue providing the current level of help, or will cease providing help altogether.

1 = Yes, care giver status is at risk

2 = No, care giver status is not at risk

3 = No care giver is involved

Blank = Unreported or information unavailable

23. *Health Status (People with developmental disabilities only)*

Indicate below all areas in which assistance (personal or technology) is required:

23.1 Vision (requiring accommodations beyond glasses) (VOS)

1 = No vision problems, or no assistance needed

2 = Limited assistance is needed such as intermittent help up to once a month

3 = Moderate assistance is needed such as monthly to several times a week

4 = Extensive assistance is needed such as daily to full-time help

Blank = Unreported

23.2 Hearing (requiring accommodations beyond a hearing aid) (HEAR)

1 = No hearing problems, or no assistance needed

2 = Limited assistance is needed such as intermittent help up to once a month

3 = Moderate assistance is needed such as monthly to several times a week

4 = Extensive assistance is needed such as daily to full-time help

Blank = Unreported

23.3 Other physical/medical characteristics requiring personal intervention (OTH)

1 = No physical/medical characteristics, or no assistance needed

2 = Limited assistance is needed such as intermittent help up to once a month

3 = Moderate assistance is needed such as monthly to several times a week

4 = Extensive assistance is needed such as daily to full-time help

Blank = Unreported

24. *Assistance for Accommodating Challenging Behaviors (People with developmental disabilities only)* (BEHAVIOR)

Indicate the level of assistance the consumer needs, if any to accommodate challenging behaviors. "Challenging behaviors" include those that endanger self and/or others to those that prohibit functioning independently in the home or participating in the community.

1 = No challenging behaviors, or no assistance needed

2 = Limited assistance needed, such as intermittent help up to once a month

3 = Moderate assistance needed, such as monthly to several times a week

4 = Extensive assistance needed, such as daily assistance to full-time help

Blank = Unreported

**QUALITY IMPROVEMENT INFORMATION PER CONSUMER
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25. Gender (GENDER)

Identify consumer as male or female.

M = Male

F = Female

***26. Program Eligibility (PE)**

Indicate ALL programs or plans in which the individual is enrolled and/or from which funding is received directly by the individual/family or on his/her/family's behalf.

Every item MUST have a response of "1" or "2" to meet standard.

26.1 Habilitation Supports Waiver (PE_HABW)

1 = Yes

2 = No

26.2 Adoption Subsidy (PE_ASUB)

1 = Yes

2 = No

26.3 Medicare (PE_MCARE)

1 = Yes

2 = No

26.4 Medicaid (except Children's Waiver) (PE_MCAID)

1 = Yes

2 = No

26.5 MICHild Program (PE_MIC)

1 = Yes

2 = No

26.6 Medicaid Children's Waiver (PE_CHW)

1 = Yes

2 = No

26.7 SDA, SSI, SSDI (PE_SSI)

1 = Yes

2 = No

26.8 Commercial Health Insurance or Service Contract (EAP, HMO) (PE_COM)

1 = Yes

**QUALITY IMPROVEMENT INFORMATION PER CONSUMER
DATA REPORT**

- 2 = No
- 26.9 Program or plan is not listed above (**PE_OTH**)
- 1 = Yes
- 2 = No
- 26.10 Individual is not enrolled in or eligible for a program or plan (**PE_INELG**)
- 1 = Yes
- 2 = No
- ★26.11 Individual is enrolled in the State Medical Plan (**PE_SMP**)
- 1 = Yes
- 2 = No
- Blank = Unreported

★27. **Parental Status (PARSTAT)**

Indicate if the consumer (no matter what age) is the natural or adoptive parent of a minor child (under 18 years old)

- 1 = Yes
- 2 = No
- Blank = Unreported

★28. **Children Served by Family Independence Agency**

Indicate whether minor child is enrolled in an FIA program. If the consumer is an adult or if the consumer is a child not enrolled in any of the FIA programs, enter 2=No.

28.01 Child served by FIA for abuse and neglect (FIA_AN)

- 1 = Yes
- 2 = No
- Blank = Unreported

28.02 Child served by another FIA program (FIA_OT)

- 1 = Yes
- 2 = No
- Blank = Unreported

★29. **Children Enrolled in Early On (CHILDEOP)**

Indicate whether minor child is enrolled in the Early On program. If the consumer is an adult or if the consumer is a child not enrolled in the Early On program, enter 2=No.

- 1 = Yes
- 2 = No
- Blank = Unreported

**QUALITY IMPROVEMENT INFORMATION PER CONSUMER
DATA REPORT**

30. *Date of birth (DOB)

Date of Birth - Year, month, and day of birth must be recorded in that order. Report in a string of eight characters, no punctuation: YYYYMMDD using leading zeros for days and months when the number is less than 10. For example, January 1, 1945 would be reported as 19450101. Use blank = Unknown

★31. *Primary Language Spoken (PLS)*

Enter the three-letter ISO/NISO 639-2(B) code of the language that is the primary language the individual speaks. The web site for the code list is <http://lcweb/loc.gov/standards/iso639-2/langhome.html>. If the individual does not speak at all, enter the code of the language that he/she understands. Use blank = Unknown

**CROSSWALK OF MDCH QI
REPORTS FY01-02 AND FY'2003-05**

VERSION FY'2001-02	2001-02 Field ID	VERSION FY '2003-05	2003-05 Field ID
		Reporting period	REPORTPD
Board	BOARD	Payer ID Number	PHPID and CMHID
Consumer Unique ID	CONID	No change	No change
Social Security Number	SSNO	No change	No change
Medicaid ID Number	MCIDNO	No change	No change
Race/Ethnic Origin	RACE	No change	No change
Corrections related status	CORSTAT	No change	No change
Residential living arrangement	RESID	No change	No change
Total Annual Income	TOTINC	No change	No change
Number of Dependents Claimed	NUMDEP	No change	No change
Employment Status	EMPLOY	No change	No change
Education	EDUC	No change	No change
Wraparound	WRAP	No change	No change
Functioning Tool	FUNCTOOL	No change	No change
Scale Scores	SSC#1-10	No change	No change
Interval of most recent functional assessment	RECASS	Accuracy standard added	No change
		Added date of most recent functional assessment	DATASS
Disability Designation	DD, MI, SA	No change	No change
Service Designation	DDSERV, MISERV, SASERV	No change	No change
Predominant Communication Style	COMSTYLE	No change	No change
Assistance for Independence Needed	MA, RX, PA, HD, CA	No change	No change
Nature of Support System	NATSUPP	No change	No change
Status of Existing Support	STATSUPP	No change	No change

VERSION FY'2001-02	2001-02 Field ID	VERSION FY '2003-05	2003-05 Field ID
System			
Health Status	VOS, HEAR, OTH	No change	No change
Assistance for Accommodating Challenging Behaviors	BEHAVIOR	No change	No change
EPSDT referral	EPSDT	Deleted; reported in Encounter Data	
Program Eligibility	PE_SELF, etc.	Added State Medical Plan	PE_SMP
Gender	GENDER	No change	No change
Age	DOB	No change	No change
Diagnosis	AXIS1P AXIS1S AXIS2P AXIS2S	Deleted; reported in Encounter Data	No change
		Parental Status	PARSTAT
		Children served by FIA	FIA_AN and FIA_OT
		Children enrolled in Early On	CHILDEOP
		Primary Language Spoken	PLS

**ENCOUNTERS PER MENTAL HEALTH CONSUMER
DATA REPORT**

Due dates: Encounter data are due within 30 days following adjudication of the claim for the service provided, or in the case of a CMHSP whose business practices do not include claims payment, within 30 days following the end of the month in which services were delivered.

CMHSPs may have until March 31, 2003 to submit the first set of consumer data for claims adjudicated or services rendered in October through February if the additional time is needed.

It is expected that encounter data reported will reflect services for which providers were paid (paid claims), third party reimbursed, and/or any services provided directly by the CMHSP. Submit the encounter data for an individual on any claims adjudicated, regardless of whether there are still other claims outstanding for the individual for the month in which service was provided. In order that the department can use the encounter data for its federal and state reporting, it must have the count of units of service provided to each consumer during the fiscal year. Therefore, the encounter data for the fiscal year must be reconciled within 90 days of the end of the fiscal year. Claims for the fiscal year that are not yet adjudicated by the end of that period, should be reported as encounters with a monetary amount of "0." Once claims have been adjudicated, a replacement encounter must be submitted.

Encounters per Consumer

Encounter data is collected and reported for every consumer for which a claim was adjudicated or service rendered during the month by the CMHSP (directly or via contract) regardless of payment source or funding stream. Every encounter record reported must have a corresponding quality improvement (QI) or demographic record reported at the same time. Failure to report both an encounter record and a QI record for a consumer receiving services will result in contract action. CMHSPs that contract with another CMHSP or a Medicaid Health Plan contracts with a CMHSP to provide mental health services should include that consumer in the encounter and QI data sets. In those cases the CMHSP that provides the service via a contract should not report the consumer in this data set.

Encounter data will be reported electronically via the 837/4010 version Health Care Encounter: Professional, institutional or dental formats. It is expected that CMHSPs that submit the 837/4010 have tested their readiness to submit and have been certified to do so.

The 837/4010 Health Care Claim includes header and trailer information that identifies the sender and receiver and the type of information being submitted. HIPAA also requires that procedure codes approved by the Health Care Financing Administration (HCFA) be used for reporting encounters. Those procedure codes are found in the Current Procedural Terminology (CPT) Manual, Fourth Edition, published by the American Medical Associations, or in the Health Care Financing Administration Common Procedure Coding System (HCPCS), National Drug Codes, the Code on Dental Procedures and Nomenclature (CDPN) and the Michigan Uniform Billing Manual. The procedure codes in these coding systems require standard units which must be used in reporting on the Health Care Claim. In some cases those units will be different than the units for Medicaid waiver services currently provided in Michigan by CMHSPs.

MDCH has created a crosswalk between existing covered Medicaid services, waiver services, and alternative services and their units/field ID names and CPT or HCPCS codes/service definition/units that is posted on the MDCH web site . These changes are also contained in Medicaid Bulletins issued by MDCH, in revisions to Chapter IV, Appendix F of the Medicaid Manual for CMHSPs and CAs, and in the "Supplemental Instructions for Encounters and Quality Improvement Data Submissions." The Supplemental Instructions contain field formats and specific instructions on how to submit encounter level data.

The following elements reported on the 837/4010 encounter format will be used by MDCH Quality Management and Planning Division for its federal and state reporting, and contracts management. The items with an ** are required by HIPAA, and when they are absent will result in rejection of a file. Items with an ** must have 100% of values recorded within the acceptable range of values. Failure to meet accuracy standards on these items will result in contract action. Refer to HIPAA 837 transaction implementation guides for exact location of the elements. Please consult the HIPAA implementation guides, and clarification documents (on MDCH's web site) for additional elements required of all 837/4010 encounter formats.

****1.a. *PHP Payer Identification Number (PHPID)***

The MDCH-assigned 9-digit payer identification number must be used to identify the PHP with all data transactions.

1.b. *CMHSP Payer Identification Number (CMHID)*

The MDCH-assigned 9-digit payer identification number must be used to identify the CMHSP with all data transactions.

****2. *Identification Code/Subscriber Primary Identifier (please see the details in the submitter's manual)***

Eight-digit Medicaid number must be entered for a **Medicaid** beneficiary.

If the consumer is not a beneficiary, enter the nine-digit **Social Security** number.

If consumer has neither a Medicaid number or a Social Security number, enter the unique identification number assigned by the CMHSP or **CONID**.

****3. *Identification Code/Other Subscriber Primary Identifier (please see the details in the submitter's manual)***

Enter the consumer's unique identification number (**CONID**) assigned by the CMHSP **regardless** of whether it has been used above.

****4. *Date of birth***

Enter the date of birth of the beneficiary/consumer.

****5. *Diagnosis***

Enter the ICD-9 primary diagnosis of the consumer.

****6. *EPSDT***

Enter the specified code indicating the child was referred for specialty services by the EPSDT screening.

- **7. Encounter Data Identifier**
Enter specified code indicating this file is an encounter file.
- **8. Line Counter Assigned Number**
A number that uniquely identifies each of up to 50 service lines per claim.
- **9. Procedure Code**
Enter procedure code from crosswalk for service/support provided. The crosswalk is located on the MDCH web site. Do not use procedure codes that are not on the crosswalk.
- 10. Procedure Modifier Code**
- 11. Monetary Amount** (Voluntary through 9/30/03, pending any addendum to this contract)
Report within 30 days following adjudication of the claim, the amount charged, amount allowed, amount paid, and adjusted for the procedure from/to the provider, and/or the expected reimbursement received by the PHPs/CMHSP from third party as applicable. PHPs/CMHSPs that provide services directly should report the unit cost of the service.
- **12. Quantity of Service**
Enter the number of units of service provided according to the unit code type.
- 13. Facility Code**
Enter the specified code for where the service was provided, such as an office, inpatient hospital, etc.
- 14. Diagnosis Code Pointer**
Points to the diagnosis code at the claim level that is relevant to the service.
- **15. Date Time Period**
Enter date of service provided (how this is reported depends on whether the 837/4010 Professional, or the 837/4010 Institutional format is used).

MEDICAID PROGRAM ELEMENTS AND SUB-ELEMENTS

Mental Health Support and Services Definitions

This report provides all aggregate service data necessary for MDCH management of CMHSP contracts. In the case of an affiliation, the CMHSP must report this data as an aggregation of all services provided in the service area regardless of funding stream. The data set reflects and describes the support activity provided to or on behalf of consumers. It is intended to reflect activity that is authorized and managed by the CMHSP. The following element descriptions in Parts I, II, and III are consistent with the coverages in revised Chapter III of the Medicaid Bulletin. The services listed in Part IV and V are alternative services that CMHSPs may provide at their discretion (from their capitation or other state or local funds) as determined during person-centered planning. Refer to Chapter III for the complete and specific requirements for coverages for the state plan and each waiver. All services and supports managed by the CMHSP must be reported on the sub-element report, using the service definitions below as a guide to what element should be used to report an activity.

PART I: COVERED MEDICAID SERVICES

1. **Behavior Management Review:** behavior management committee review and approval of individual behavior treatment program plans.
2. **Assertive Community Treatment (ACT):** a comprehensive and integrated set of medical or rehabilitative services, approved by MDCH, and provided primarily on a one-to-one basis in the recipient's residence or other community settings by a mobile multi-disciplinary mental health treatment team. The team provides an array of essential treatment and psychosocial interventions for individuals who would otherwise require more intensive and restrictive services (e.g., psychiatric inpatient, partial hospitalization, crisis residential, nursing home placement, or long-term specialized residential care). The team provides additional services essential to maintaining an individual's ability to function in community settings. This would include assistance with addressing basic needs, such as food, housing, and medical care, and supports to allow individuals to function in social, educational, and vocational settings.
3. **Assessment & Evaluation:** Includes:
 - a comprehensive psychiatric evaluation performed face-to-face by a psychiatrist;
 - psychological testing ordered by a physician and performed by full, limited-licensed or temporary-limited licensed psychologists;
 - all other assessments (except health)and testing conducted for the purposes of determining level of functioning and treatment needs (including AIMs)

Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category.
4. **Clubhouse Programs:** These MDCH-approved programs form an array of recipient-directed and professionally provided supports for individuals with serious mental illness. The program provides both informal and formal structures through which recipients can influence and shape program development. Covered psychosocial services are provided during an "ordered day". Interventions are provided to develop, enhance, and/or retain psychiatric stability, social competencies, personal and emotional adjustment, and/or independent living competencies, when these abilities are impaired due to mental illness

5. **Community Inpatient:** Community hospitals/non-state inpatient services in licensed psychiatric hospitals and licensed psychiatric units of general hospitals are included in this element. To report services under this program element, the program must certify and/or authorize the clinical necessity for the inpatient stay, regardless of whether the program has financial responsibility for the stay. *Note: for the sub-element cost report, include an aggregation of all revenue codes under "Community Inpatient."*
6. **Crisis Interventions** (formerly Emergency Services) These are unscheduled activities for the purpose of resolving a crisis or an urgent situation requiring immediate attention. Crisis services are delivered through a 24-hour, 7-day per week crisis service that is prepared to respond to persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environment for treatment. Services involve assessments, diagnosis, crisis counseling, treatment and/or referral during crisis interventions and admission screening to ensure rapid referral and linkage to appropriate intervention.
7. **Crisis Residential:** Intensive crisis residential services, approved by MDCH, that are intended to provide a short-term alternative to the consumer's regular living arrangement. The service included both protection and treatment support. For persons with mental illness, the service provides an alternative to an inpatient hospital admission for those experiencing acute psychiatric crisis. Services include 24-hour room and board, psychiatric supervision, therapeutic support services, medication management/stabilization and education, behavioral services, milieu therapy, and nursing services. Services can be provided to both child and adult MI.
8. **Health Services:** Includes health assessment, treatment, and professional treatment monitoring. Services may be nursing (on a per visit basis, not ongoing hourly care), dietary/nutrition, maintenance of health and hygiene, teaching self-administration of medication, care of minor injuries or first aid, and teaching the consumer to seek assistance in case of emergencies. Services may be provided by a physician, registered nurse, physician's assistant, nurse practitioner, or dietitian, according to scope of practice.
Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category.
9. **Home-Based Services:** MDCH approved services provided to the entire family unit and are individually tailored to the unique needs of each family. The family unit is the focus of treatment. Services may be provided by one staff or a team of staff. Services include individual therapy, family therapy, group therapy, crisis intervention, service coordination, family collateral contacts, as well as models such as Infant Mental Health Services. The activities range from assisting recipients in meeting basic needs such as food, housing, and medical care, to more therapeutic interventions such as family therapy or individual therapy.
10. **Intensive Crisis Stabilization Services:** structured treatment and support activities, approved by MDCH, provided by a mental health crisis team and designed to provide a short-term alternative to inpatient psychiatric services. Services may only be used to avert a psychiatric admission or to shorten the length of a patient stay.

11. **Medication Administration:** The process of giving physician-prescribed oral medication, injection or topical medication treatment to a consumer.
12. **Medication Review:** The evaluation and monitoring of medications, their effects, and the need for continuing or changing the medication regimen.
13. **Mental Health Therapy and Counseling:** Includes child therapy, family therapy, group, therapy, and individual therapy designed to reduce maladaptive behaviors, to maximize behavioral self-control or to restore normalized functioning, reality orientation and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships.
Note: Report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category.
14. **Nursing Home Mental Health Monitoring:** Review of a nursing home resident's response to mental health treatment, and consultation with nursing home staff.
15. **Occupational Therapy:** Includes both the evaluation as well as the treatment. Services are prescribed by a physician and provided by a qualified occupational therapist/assistant.
Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category. Count individual occupational therapy as encounters.
16. **Partial Hospitalization Services** (licensed by Michigan Department of Consumer and Industry Services/MDCIS) Psychiatric partial hospitalization services are short-term, intensive services provided through a licensed nonresidential treatment program that provides psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services (under the supervision of a physician) to adults diagnosed as having serious mental illness or minors diagnosed as having serious emotional disturbance who do not require 24-hour continuous mental health care, and that is affiliated with a psychiatric hospital or psychiatric unit to which clients may be transferred if they need inpatient psychiatric care. Services must be authorized by the CMHSP. *Note: for the sub-element cost report, report the aggregate number of units of services provided for all revenue codes on the crosswalk.*
17. **Personal Care in Specialized Residential Settings:** Those services provided in a licensed specialized residential care setting that assist the individual with ADLs
18. **Physical Therapy:** Includes the evaluation and the treatment as provided by a qualified physical therapist/assistant and prescribed by a physician.
Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category. Count individual physical therapy as encounters.
19. **Speech and Language Therapy:** Includes the evaluation and the treatment as provided by a speech pathologist or audiologist and referred by a physician.
Note: for the sub-element cost report, report the aggregate number of units of services

provided for all procedure codes on the crosswalk in this category.

20. **State Hospital/ICF/MR Services:** Included are all inpatient services provided by state psychiatric hospitals for adults and children and centers for persons with developmental disabilities. Services provided by the Forensic Center are not included. *Note: for the sub-element cost report include an aggregation of all revenue codes reported under "State Hospital Services."*
21. **Targeted Case Management:** those services that will assist persons in gaining access to needed medical, social, educational and other services. Core elements of case management include: assessment, service plan development, linking/coordination of services, reassessment/follow-up, and monitoring of services.
23. **Transportation** to non-medical activities, including clubhouse, and services provided at a day program setting.
24. **Treatment Planning:** Activities associated with assisting the consumer and those of his/her choosing in the development and periodic (as determined by the plan, but at least annual) review of the person-centered plan. This includes assisting the consumer in pre-planning (identifying who will participate, where, and when); in sharing needs, concerns, desires, and dreams; in designing the strategies for addressing them; and in the periodic review of the plan to determine if progress is being made and/or that additional needs must be addressed. PCP activities performed as part of the supports coordinator or case management function should not be counted here.

PART II: HABILITATION SUPPORTS WAIVER SERVICES

- 1 **Chore Services:** Services to maintain the home in a clean, sanitary, and safe environment.
2. Community Living Supports Staff: in home and out-of-home includes providing supports that focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports can be provided in the participant's residence (licensed facility, family home, own home or apartment) or in community settings. Examples of these supports include assistance, support (including reminding and observing, and/or guiding) and/or training in such activities as the following:
 - ◆ meal preparation
 - ◆ laundry
 - ◆ routine, seasonal, and heavy household care and maintenance
 - ◆ activities of daily living such as bathing, eating, dressing, personal hygiene
 - ◆ shopping
 - ◆ money management
 - ◆ reminding, observing and/or monitoring of medication administration
 - ◆ non-medical care (not requiring nurse or physician intervention)
 - ◆ socialization and relationship building
 - ◆ transportation
 - ◆ leisure choice and participation in regular community activities
 - ◆ attendance at medical appointments

Note: Do not count hours of Home Help Services here.

3. **Enhanced Dental Services:** includes procedures to ameliorate such conditions as congenital deformities of the midface, multiple recurrent cavities due to inability to chew adequately, chronic periodontal disease resulting from medications, chronic pain that interferes with chewing and swallowing, etc.
4. **Enhanced Medical Equipment:** Includes devices or appliances that are not covered under the Medicaid Health Plan. These items enable the individual to increase his or her activities of daily living; or to perceive, control, or communicate with the environment in which he/she lives. Also included are assessments and specialized training provided by the equipment vendor that are needed in conjunction with the use of such equipment. *Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category.*
5. **Enhanced Medical Supplies:** supplies not covered by the Medicaid Health Plan or the providers' per diem rate. *Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category*
6. **Enhanced Pharmacy:** doctor-ordered nonprescription or over-the-counter items such as cold and stomach distress remedies, first-aid supplies, vitamins, and skin treatments not covered by Qualified Health Plans or the providers' per diem rates.
7. **Environmental Modifications:** Physical adaptations to the individual's or family's home, individual's or family's primary vehicle, and/or work environment, that ensure health and safety and/or enable greater independence. The individual's home may be a house or an apartment that is owned, rented or leased.
8. **Family Skills Development/Training:** Education and counseling for families (parents, spouse, children, siblings, relatives, foster family, in-laws) who are caring for and/or living with family member who has developmental disabilities. Education includes instructions about treatment regimens, and use of assistive technology and/or medical equipment (where it is not covered in the cost of enhanced medical equipment).
9. **Out-of-home Non-Vocational Habilitation:** Assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills and the support services, including transportation to and from, incidental to the provision of that assistance that takes place in a non-residential setting, separate from the home or facility in which the person resides.
10. **Personal Emergency Response Systems:** Lifeline, PERS, and the ancillary supplies and equipment necessary for proper maintenance, repair or replacement of such items. Also included are assessments and specialized training provided by the equipment vendor that are needed in conjunction with the use of such equipment. Count as one unit either the installation or the subscription.
11. **Prevocational Services:** Services that prepare the individual for paid or unpaid employment, but

that are not job task-oriented rather are directed at reaching habilitative goals.

12. **Private Duty Nursing:** consists of nursing procedures that meet the person's health needs. Licensed nurses provide the nursing treatments, observation, and/or teaching in the home as prescribed by the physician. *Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category.*
13. **Respite Care Services:** Services that are provided in the individual's/family's home or outside the home to temporarily relieve the **unpaid** primary care giver. These services do not supplant or substitute for the services of paid support/training staff. *Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category.*
14. **Support and Service Coordination:** Functions performed by a case manager, supports coordinator, coordinator assistant, services broker, or otherwise designated representative of the CMHSP that include assessing the need for support and service coordination and:
 - ◆ Planning and/or facilitating planning using person-centered principles
 - ◆ Linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of D.D. Speciality Services, Behavioral Health Services and other community services/supports.
 - ◆ Brokering of providers of services/supports
 - ◆ Assistance with access to entitlements, and/or legal representation.
 - ◆ Coordination with the Qualified Health Plan or other health care provider(s).
15. **Supported/Integrated Employment Services:** Provide initial and ongoing support services to assist persons obtain and maintain paid employment. On-going support services without which employment would be impossible are provided as required. Support services are provided continuously as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this sub-element. It is an employment situation that includes paid work and adjunct services necessary to maintain the consumer in the work setting. Examples of these services are job development, job placement, job coaching, and long-term follow-along services required to maintain employment. Employment preparation is not included in this sub-element.

PART III: CHILDREN'S WAIVER SERVICES

1. **Community Living Supports:** in home and out-of-home includes providing supports that focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports can be provided in the participant's family home or in community settings. Examples of these supports include assistance, support (including reminding and observing, and/or guiding) and/or training in such activities as the following:
 - ◆ meal preparation
 - ◆ laundry
 - ◆ routine, seasonal, and heavy household care and maintenance
 - ◆ activities of daily living such as bathing, eating, dressing, personal hygiene
 - ◆ shopping
 - ◆ money management
 - ◆ reminding, observing and/or monitoring of medication administration

- ◆ non-medical care (not requiring nurse or physician intervention)
- ◆ socialization and relationship building
- ◆ transportation
- ◆ leisure choice and participation in regular community activities
- ◆ attendance at medical appointments

Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in these categories. Do not count hours of Home Help Services here.

2. **Enhanced Transportation:** Transportation costs that are provided by people other than parents, or staff performing CLS, in order to enable the child to gain access to waiver and other community services, activities, and resources.
3. **Environmental Accessibility Adaptations:** Physical adaptations to the family's home, family's primary vehicle, and/or work environment, that ensure health and safety and/or enable greater independence. The family's home may be a house or an apartment that is owned, rented or leased
4. **Family Training:** Family training and counseling services
5. **Non-Family Training:** Coaching, supervision and monitoring of community living support staff by professional staff.
6. **Respite Care:** Services that are provided in the family's home or outside the home to temporarily relieve the **unpaid** primary care giver. These services do not supplant or substitute for the services of paid support/training staff.
7. **Specialized Equipment:** Includes devices or appliances that are not covered under the Medicaid Health Plan. These items enable the individual to increase his or her activities of daily living; or to perceive, control, or communicate with the environment in which he/she lives. Also included are assessments and specialized training provided by the equipment vendor that are needed in conjunction with the use of such equipment. *Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category*
8. **Specialized Supplies:** supplies not covered by the Medicaid Health Plan or the providers' per diem rate. *Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category.*
9. **Specialty Services:** Includes such services as Music Therapy, Recreation Therapy, Art Therapy, and Massage Therapy, as well as child and family training, coaching, supervision of staff, and monitoring of program goals. *Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in this category.*

PART IV: ALTERNATIVE SERVICES FOR PERSONS WITH MENTAL ILLNESS

The services listed below are alternative services that CMHSPs may authorize at their discretion (from their capitation) as determined during person-centered planning. Medicaid state plan, Habilitation Supports Waiver, and Children's Waiver services are described in Chapter III of the Medicaid Manual. See the Procedure Code Crosswalk for the correct procedure code to use for reporting these services in the encounter data report.

1. **Community Living Training and Supports:** in home and out-of-home includes providing supports that focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports can be provided in the participant's residence (licensed facility, family home, own home or apartment) or in community settings. Examples of these supports include assistance, support (including reminding and observing, and/or guiding) and/or training in such activities as the following:
 - ◆ meal preparation
 - ◆ laundry
 - ◆ routine, seasonal, and heavy household care and maintenance
 - ◆ activities of daily living such as bathing, eating, dressing, personal hygiene
 - ◆ shopping
 - ◆ money management
 - ◆ reminding, observing and/or monitoring of medication administration
 - ◆ non-medical care (not requiring nurse or physician intervention)
 - ◆ socialization and relationship building
 - ◆ transportation
 - ◆ leisure choice and participation in regular community activities
 - ◆ attendance at medical appointments
2. **Direct Prevention Service Models:** Programs using both individual and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction, thus reducing the need for individuals becoming treatment consumers of the mental health system. Models include Children of Adults with Disorders, Infant Mental Health when not enrolled as a Home-Based program, and Parent Education and School Success programs.
3. **Extended Observation Beds (23-Hour):** This is an enrolled (with MDCH) hospital-based service, less than 24 hour in duration, involving rapid diagnosis, treatment and stabilization of an individual with a psychiatric or substance abuse emergency, and that results in sufficient amelioration of the situation to allow the person to be discharged and transferred to an ambulatory care service.
4. **Family Skills Development/Training:** Education and counseling for families (parents, spouse, children, siblings, relatives, foster family, in-laws) who are caring for and/or living with family member who has developmental disabilities. Education includes instructions about treatment regimens, and use of assistive technology and/or medical equipment.
5. **Housing Assistance:** Assistance with short-term, or one-time-only expenses that the individual's resources and other community resources could not cover. Housing assistance typically meets the needs associated with transition to home ownership or leasing/renting a

dwelling such as utilities, insurance, and moving expenses where such expenses would pose a barrier to a successful transition to owning or leasing/renting a dwelling. It might also provide limited term or temporary assistance with living expenses for beneficiaries transitioning from restrictive settings when there is an expectation that other benefits (e.g., SSI) or public programs (e.g., governmental rental assistance and/or home ownership programs) will become available to assume these obligations and provide the needed assistance. Housing assistance may also be used for home maintenance when, without a repair to the home or replacement of a necessary appliance, the individual would be forced to leave for health and safety reasons. Housing assistance is not intended to provide long-term funding for on-going housing costs. Medicaid funds may not be used to pay ongoing, open-ended costs for room and board. Do not include costs for staff, adaptive equipment, or environmental modifications.

6. **Peer-Delivered or -Operated Support Services:** These are service activities intended to provide recipients with opportunities to learn and share coping skills and strategies, move into more active assistance and away from passive patient roles and identities, and to build and/or enhance self-esteem and self-confidence. Such services may include consumer run drop-in centers and other peer operated services (e.g. peer run hospital diversion services).
7. **Respite Care Services:** Services that are provided in the individual's/family's home or outside the home to temporarily relieve the **unpaid** primary care giver. These services do not supplant or substitute for the services of paid support/training staff.
8. **Skill-Building Assistance:** consists of activities that assist an individual to achieve economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. They may include:
 - ◆ therapeutic clinical interactions provided by professionals (not already reported under Enhanced Health Care or Assistance for Challenging Behaviors)
 - ◆ socialization relating to school, work, or volunteer environments
 - ◆ out-of-home adaptive skills training
 - ◆ rehabilitative services
 - ◆ pre-vocational services
10. **Supported/Integrated Employment Services:** Provide initial and ongoing support services to assist persons obtain and maintain paid employment. On-going support services without which employment would be impossible are provided as required. Support services are provided continuously as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this sub-element. It is an employment situation that includes paid work and adjunct services necessary to maintain the consumer in the work setting. Examples of these services are job development, job placement, job coaching, and long-term follow-along services required to maintain employment. Employment preparation is not included in this sub-element. Consumer-run businesses (i.e. vocational components of Fairweather Lodges) are included here.
11. **Supported Independent Housing:** A setting where supported independent living, apartment

programs and subsidized rental programs are provided which include support staff, living arrangements or related costs for which there is a program expenditure. Programs that include room, board, and twenty-four hour supervision provided under the authority of the CMHSP are not included. Programs that are comprised of staff supports that do not meet the definition of case management, outpatient, and other services are included.

12. **Wraparound Services** for Children and Adolescents: individually designed set of services provided to minors with serious emotional disturbance or serious mental illness and their families that includes treatment services and personal support services or any other supports necessary to maintain the child in the family home. Wraparound services are developed through an interagency collaborative approach and a minor's parent or guardian and a minor age 14 or older are participants in planning the services. For reporting purposes, treatment services included in the wraparound plan and delivered to the recipient should be reported by the procedure code for that service.

PART V. ALTERNATIVE SERVICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

1. **Assistance with Challenging Behaviors: Assistance for Challenging Behaviors:** Note: Revised definition is pending due to concerns raised by advocates, consumers and other stakeholders about the potential misunderstanding or mis-use of this alternative service.
2. **Assistive Technology:** Includes devices or appliances that are not covered under the Medicaid Health Plan. These items enable the individual to increase his or her activities of daily living; or to perceive, control, or communicate with the environment in which he/she lives. Examples of items are emergency response like Lifeline, Personal Emergency Response Systems, and the ancillary supplies and equipment necessary for the proper maintenance, repair or replacement of such items. Also included are assessments and specialized training provided by the equipment vendor that are needed in conjunction with the use of such equipment.
3. **Community Living Supports Staff :** in home and out-of-home includes providing supports that focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports can be provided in the participant's residence (licensed facility, family home, own home or apartment) or in community settings. Examples of these supports include assistance, support (including reminding and observing, and/or guiding) and/or training in such activities as the following:
 - ◆ meal preparation
 - ◆ laundry
 - ◆ routine, seasonal, and heavy household care and maintenance
 - ◆ activities of daily living such as bathing, eating, dressing, personal hygiene
 - ◆ shopping
 - ◆ money management
 - ◆ reminding, observing and/or monitoring of medication administration
 - ◆ non-medical care (not requiring nurse or physician intervention)
 - ◆ socialization and relationship building

- ◆ transportation
- ◆ leisure choice and participation in regular community activities
- ◆ attendance at medical appointments

Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in these categories

4. **Crisis Stabilization and Response:** 24-hour, 7 days per week, crisis service that is designed to respond to people experiencing urgent and emergency situations as defined in the Mental Health Code. This may include the provision of, or referral to, inpatient services, to institutional services, or to other protective environments for treatment, respite, or intensive supports. These responsibilities must be carefully coordinated with the individual's Medicaid health plan.
5. **Prevention-Direct Service Models:** Programs using both individual and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction, thus reducing the need for individuals becoming treatment consumers of the mental health system. Models include Children of Adults with Disorders, Infant Mental Health when not enrolled as a Home-Based program, and Parent Education and School Success programs
6. **Enhanced Health Care:** Services for health care needs that exceed those covered in the Medicaid Health Plan, and that prevent placement in, or return to, a more restrictive environment. These include:
 - Treatment and monitoring for habilitative, occupational, physical, speech and language, professional nursing, and/or nutritional therapies.
 - Enhanced pharmacy: doctor-ordered non-prescription or over-the-counter items such as cold and stomach distress remedies, first-aid supplies, vitamins, and skin treatments.
 - Enhanced dental: includes procedures to ameliorate such conditions as congenital deformities of the mid-face, multiple recurrent cavities due to inability to chew adequately, chronic periodontal disease resulting from medications, chronic pain that interferes with chewing and swallowing.

Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in these categories.
7. **Environmental Modifications:** Physical adaptations to the individual's or family's home, individual's or family's primary vehicle, and/or work environment, that ensure health and safety and/or enable greater independence. The individual's home may be a house or an apartment that is owned, rented or leased.
8. **Family Skills Development/Training:** Education and counseling for families (parents, spouse, children, siblings, relatives, foster family, in-laws) who are caring for and/or living with family member who has developmental disabilities. Education includes instructions about treatment regimens, and use of assistive technology and/or medical equipment
9. **Housing Assistance:** Assistance with short-term, or one-time-only expenses that the individual's resources and other community resources could not cover. Housing assistance typically meet the needs associated with transition to home ownership or leasing/renting a dwelling such as utilities, insurance, and moving expenses where such expenses would pose a

barrier to a successful transition to owning or leasing/renting a dwelling. It might also provide limited term or temporary assistance with living expenses for beneficiaries transitioning from restrictive settings when there is an expectation that other benefits (e.g., SSI) or public programs (e.g., governmental rental assistance and/or home ownership programs) will become available to assume these obligations and provide the needed assistance. Housing assistance may also be used for home maintenance when, without a repair to the home or replacement of a necessary appliance, the individual would be forced to leave for health and safety reasons. Housing assistance is not intended to provide long-term funding for on-going housing costs. Medicaid funds may not be used to pay ongoing, open-ended costs for room and board. Do not include costs for staff, adaptive equipment, or environmental modifications

10. **Respite Care Services:** Services that are provided in the individual's/family's home or outside the home to temporarily relieve the **unpaid** primary care giver. These services do not supplant or substitute for the services of paid support/training staff.
11. **Skill-Building Assistance:** consists of activities that assist an individual to achieve economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. They may include:
 - ◆ therapeutic clinical interactions provided by professionals (not already reported under Enhanced Health Care or Assistance for Challenging Behaviors)
 - ◆ socialization relating to school, work, or volunteer environments
 - ◆ out-of-home adaptive skills training
 - ◆ rehabilitative services
 - ◆ pre-vocational services

Note: for the sub-element cost report, report the aggregate number of units of services provided for all procedure codes on the crosswalk in these categories.

12. **Support and Service Coordination:** Functions performed by a case manager, supports coordinator, coordinator assistant, services broker, or otherwise designated representative of the CMHSP that include assessing the need for support and service coordination and:
 - ◆ Planning and/or facilitating planning using person-centered principles
 - ◆ Linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of D.D. Speciality Services, Behavioral Health Services and other community services/supports.
 - ◆ Brokering of providers of services/supports
 - ◆ Assistance with access to entitlements, and/or legal representation.
 - ◆ Coordination with the Medical Health Plan or other health care provider(s).
13. **Supported Independent Housing:** A setting where supported independent living, apartment programs and subsidized rental programs are provided which include support staff, living arrangements or related costs for which there is a program expenditure. Programs that include room, board, and twenty-four hour supervision provided under the authority of the CMHSP are not included. Programs that are comprised of staff supports that do not meet the definition of case management, outpatient, and other services are included.

14. **Supported/Integrated Employment Services:** Provide initial and ongoing support services to assist persons obtain and maintain paid employment. On-going support services without which employment would be impossible are provided as required. Support services are provided continuously as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this sub-element. It is an employment situation that includes paid work and adjunct services necessary to maintain the consumer in the work setting. Examples of these services are job development, job placement, job coaching, and long-term follow-along services required to maintain employment. Employment preparation is not included in this sub-element.

PART VI: OTHER

1. **Day Programs for MI and DD** are defined as settings that are enrolled and approved by MDCH in which an array of specialized mental health training, treatment and support services are provided through a predetermined schedule, typically in group modalities, by persons under the supervision of professionals who are licensed, certified or registered to provide health-related services.
2. **Prevention - Indirect Service Models**
Brings persons together for the purpose of service planning, training, consultation for staff of agencies and care giver groups who work with at-risk or general target populations. Models include Community Caregiver Programs and Community Education Programs. Also includes activities that serve to inform, educate, and/or ameliorate with the intent of reducing the risk of dysfunction for at-risk individuals or families. This may include outreach efforts to at-risk populations, psycho-educational and support groups for individual risk reduction, and consultation with at-risk individuals and families
3. **Specialized Residential:** A setting, certified to provide a specialized program (per DMH Administrative Rules, 3/9/96, R330.1801) where community living supports and/or training are provided. Do not include crisis residential programs here.
4. **CMHSP Administration**
Included here are those centralized administrative activities and functions serving all program elements in the management of a CMHSP. This would include:

Costs attributable to the CMHSP Executive Director, chief operating officer, and the associated support staff, personnel management, financial management, reimbursement, MIS/data processing and marketing and planning staff for time spent on CMHSP activities.

Costs attributable to the director or coordinator (and the associated administrative support staff) of the office or unit responsible for training, quality improvement, recipient rights, utilization management, program evaluation, and interagency collaboration for time spent on CMHSP activities.
5. **Count of Consumers Served**
Provide a count of consumers served during the period for each sub-population. This is not a sum of the rows above in the sub-element table.

MATRIX FOR SUB-ELEMENT MEDICAID COST REPORT

This report must be completed by the CMHSP for all the services it managed.

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
1. ACT	1. Unduplicated count of consumers who were enrolled in ACT program 2. Number of face-to-face encounters provided by ACT team members	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
2. Assessment, Evaluation and Testing	1. Unduplicated count of consumers who used the service 2. Staff hours or encounters spent on behalf of consumers. Convert hours into encounters for this report.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
3. Behavior Management Review	1. Unduplicated count of consumers who received the service 2. Number of face-to-face encounters provided	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
4. Clubhouse Programs	1. Unduplicated count of consumers who were in clubhouse program 2. Number of 15 minute units the consumer spent in the program	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies, and materials (exclude vocational component costs to be included in integrated employment)
5. Community Inpatient	1. Unduplicated count of consumers who had a local inpatient admission 2. Inpatient days	Include facility costs and cost of inpatient psychiatrist to program only. <i>Does not include professional services provided by program such as case management and/or discharge planning that are to be included under the appropriate sub-element</i>
6. Crisis Interventions (formerly Emergency Services/Crisis Stabilization)	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) hours	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
7. Crisis Residential	1. Unduplicated count of consumers who had a crisis residential admission 2. Crisis residential days paid for by PHP	Includes residential cost to program only. <i>Does not include professional services provided by program such as case management.</i>

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
8. Health Services	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) service hours or encounters. Convert hours into encounters for this report.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
9. Home-Based Services	1. Unduplicated count of consumers who received the service 2. Number of staff face-to-face encounters with consumer/family	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
10. Intensive Crisis Stabilization	1. Unduplicated count of consumers who received services from crisis stabilization team 2. Number of staff face-to-face service hours	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
11. Medication Administration	1. Unduplicated count of consumers who used the service 2. Consumer encounters (face-to-face)	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
12. Medication Reviews	1. Unduplicated count of consumers who used the service 2. Consumer encounters (face-to-face)	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
13. Mental Health Therapy & Counseling	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) encounters.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
14. Nursing Home MH Monitoring	1. Unduplicated count of consumers who received the service 2. Number of staff face-to-face encounters with consumers	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
15. Occupational Therapy	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) service hours or encounters. Convert hours into encounters for this report.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
16. Partial Hospitalization	1. Unduplicated count of consumers who were in partial hospitalization program for whom program has payment responsibility 2. Number of days consumers were in a partial hospitalization program	Include cost to PHP only

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
	for which PHP pays.	
17. Personal Care in Specialized Residential Settings	1. Unduplicated count of consumers living in specialized residential settings who received personal care 2. Number of days that personal care was provided	Include cost to PHP only
18. Physical Therapy	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) service hours or encounters. Convert hours into encounters for this report	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
19. Speech and Language Therapy	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) encounters	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
20. State Hospital Inpatient and ICF/MR	1. Unduplicated count of consumers who were inpatients in a state facility, including a DD Center 2. Inpatient days	Include facility costs (state and local) to program only. <i>Does not include professional services provided by program such as case management and/or discharge planning that are to be included under the appropriate sub-element</i>
21. Targeted Case Management	1. Unduplicated count of consumers who received the service 2. Number of staff face-to-face encounters with consumers	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
22. Transportation	1. Unduplicated count of consumers who used the service 2. Convert units to encounters	Include mileage and driver wages; or cab, bus, or train fare
23. Treatment (Person-centered) Planning	1. Unduplicated count of consumers who used the service 2. Staff direct (face-to-face) encounters with consumers	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.

Habilitation Supports Waiver Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
1. Chore	1. Unduplicated count of consumers who received the service 2. Number of face-to face units of	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and

Habilitation Supports Waiver Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
	15 minutes.	materials.
2. Community Living Supports Staff	1. Unduplicated count of consumers who received the service 2. Number of face-to face units of 15 minutes.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
3. Enhanced Dental	1. Unduplicated count of consumers who used the service 2. Number of face-to-face encounters with consumers	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
4. Enhanced Medical Equipment	1. Unduplicated count of consumers who received the service 2. Number of items purchased during the period.	Cost includes equipment, appliances, maintenance, repair, and replacement
5. Enhanced Medical Supplies	1. Unduplicated count of consumers who received the service 2. Number of items purchased during the period.	Cost includes supplies
6. Enhanced Pharmacy	1. Unduplicated count of consumers who used the service 2. Number of months that enhanced pharmacy was provided.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
7. Environmental Modifications	1. Unduplicated count of consumers who used the service 2. Convert the number of jobs that were completed during the period to " items"	Cost includes the assessment, construction, as well as materials, permits and inspections
8. Family Skills Training	1. Unduplicated count of consumers who received the service 2. Number of staff face-to-face encounters with family members	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
9. Out-of-home Non-vocational Habilitation	1. Unduplicated count of consumers who used the service 2. Number of 15 minute units consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
10. Personal Emergency Response	1. Unduplicated count of consumers who received the service 2. Count a PERS installation as one item, and a one month subscription as one item.	Cost includes equipment, maintenance, repair, and replacement

Habilitation Supports Waiver Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
11. Prevocational Services	1. Unduplicated count of consumers who used the service 2. Number of 15 minute units consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
12. Private Duty Nursing	1. Unduplicated count of consumers who used the service 2. Number of 15 minute units the service was provided (face-to-face)	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
13. Respite Care	1. Unduplicated count of consumers for whom respite care was provided. 2. Number of 15 minute units the consumer spent in respite services	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
14. Supports Coordination	1. Unduplicated count of consumers who received the service 2. Number of staff face-to-face encounters with consumers	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
15. Supported/Integrated Employment	1. Unduplicated count of consumers who were in supported employment program 2. Number of 15 minute units staff spent with consumers while in SE program	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
Children's Waiver Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
1. Community Living Supports Staff	1. Unduplicated count of consumers who received the service 2. Number of face-to face units of 15 minutes.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
2. Enhanced Transportation	1. Unduplicated count of consumers who used the service 2. Convert units to encounters	Include mileage and driver wages; or cab, bus, or train fare
3. Environmental Accessibility Adaptations	1. Unduplicated count of consumers who used the service 2. Convert the number of jobs that were completed during the period to "items."	Cost includes the assessment, construction, as well as materials, permits and inspections
4. Family Training	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) encounter.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.

Children's Waiver Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
5. Non-family Training	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) encounter.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
6. Respite Care	1. Unduplicated count of consumers for whom respite care was provided. 2. Number of 15 minute units the consumer spent in respite services	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
7. Specialized Equipment	1. Unduplicated count of consumers who received the service 2. Number of items purchased during the period.	Cost includes equipment, appliances, maintenance, repair, and replacement
8. Specialized Supplies	1. Unduplicated count of consumers who received the service 2. Number of items purchased during the period.	Cost includes supplies
9. Specialty Services	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) encounter or visit. Convert visit into encounters for this report.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.

Alternatives for Persons with Mental Illness	1. Definition of who to count 2. Definition of unit(s) to count	Costs/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
1. Community Living Training and Supports	1. Unduplicated count of consumers who received the service 2. Number of face-to face units of 15 minutes.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
2. Extended Observation Beds	1. Unduplicated count of consumers who used the service 2. Number of hours in observation	Include facility costs and cost of inpatient psychiatrist to program only.
3. Family Skills Development	1. Unduplicated count of consumers who received the service 2. Number of staff face-to-face encounters with family members	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
4. Housing Assistance	1. Unduplicated count of consumers who used the service 2. Number of months the service	Costs include non-staff expenses associated with housing: assistance for utilities, home maintenance,

Alternatives for Persons with Mental Illness	1. Definition of who to count 2. Definition of unit(s) to count	Costs/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
	was provided	insurance, and moving expenses
5. Peer-Directed and Operated Services	1. Unduplicated count of consumers who used the services 2. No units counted	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies, and materials
6. Prevention-direct Model	1. Unduplicated count of consumers who used the services 2. Number of face-to-face contacts.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies, and materials.
7. Respite Care	1. Unduplicated count of consumers for whom respite care was provided. 2. Number of 15 minute units the consumer spent in respite services	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
8. Skill-building Assistance	1. Unduplicated count of consumers who used the service 2. Number of 15 minute units consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
9. Supported Employment	1. Unduplicated count of consumers who used the service 2. Number of 15 minute units consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
10. Supported Independent Housing Services	1. Unduplicated count of consumers who used the service 2. Number of days the consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
11. Wraparound	1. Unduplicated count of consumers who used the service 2. Number of months services were provided.	Cost includes non-staff expenditures only

Alternatives for Persons with Developmental Disabilities	1. Definition of who to count 2. Definition of unit(s) to count	Costs/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
1. Assistance with Challenging Behaviors	1. Unduplicated count of consumers who received the service 2. Number of 15 minutes units spent on behalf of a consumer	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
2. Assistive Technology	1. Unduplicated count of	Cost includes equipment,

Alternatives for Persons with Developmental Disabilities	1. Definition of who to count 2. Definition of unit(s) to count	Costs/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
	consumers who received the service 2. Number of items purchased during the period.	appliances, maintenance, repair, and replacement
3. Community Living Supports	1. Unduplicated count of consumers who received the service 2. Number of face-to face units of 15 minutes.	Cost includes staff, facility, equipment, travel, consumer/staff transportation, contract services, supplies and materials.
4. Crisis Stabilization	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) hours	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
5. Enhanced Health Care	1. Unduplicated count of consumers who used the service 2. Consumer direct (face-to-face) service hours or encounters. Convert hours into encounters for this report.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
6. Environmental Mods	1. Unduplicated count of consumers who used the service 2. Convert the number of jobs that were completed during the period to items	Cost includes the assessment, construction, as well as materials, permits and inspections
7. Family Supports/Skills	1. Unduplicated count of consumers who received the service 2. Number of staff face-to-face encounters with family members	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
8. Housing Assistance	1. Unduplicated count of consumers who used the service 2. Number of months the service was provided	Costs include non-staff expenses associated with housing: assistance for utilities, home maintenance, insurance, and moving expenses
9. Prevention-direct Model	1. Unduplicated count of consumers who used the services 2. Number of face-to-face contacts.	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies, and materials.
10. Respite Care	1. Unduplicated count of consumers for whom respite care was provided. 2. Number of 15 minute units the consumer spent in respite services	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
11. Skill-building assistance	1. Unduplicated count of consumers who used the service 2. Number of 15 minute units consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
12. Supports & Service Coord	1. Unduplicated count of consumers who received the service	Cost includes staff, facility, equipment, travel, transportation,

Alternatives for Persons with Developmental Disabilities	1. Definition of who to count 2. Definition of unit(s) to count	Costs/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements
	2. Number of staff face-to-face encounters with consumers	contract services, supplies and materials.
13. Supported Employment	1. Unduplicated count of consumers who used the service 2. Number of 15 minute units consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
14. Supported Independent Housing Services	1. Unduplicated count of consumers who used the service 2. Number of days the consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.

Other Expenditures to be reported	1. What to count	2. Cost/Expenses to include
1. Day Program	1. Unduplicated count of consumers who used the service 2. Number of days the consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
2. Prevention - indirect service models	There are not cases or service units reported for this sub-element	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
3. Specialized Residential Program	1. Unduplicated count of consumers who used the service 2. Number of days the consumer used the service	Cost includes staff, facility, equipment, travel, transportation, contract services, supplies and materials.
4. CMHSP Administration	1. No cases or units counted	Administrative activities and functions serving all program elements in the management of the CMHSP. Specific program, staff, and functions include: director and support staff and cost, personnel management, financial management, reimbursement, MIS/data processing, recipient rights, staff training, group home staff training, continuous quality improvement, program evaluation, interagency collaboration (including collaborative Community Planning), marketing, and planning.
5. Total Consumers Served	1. Unduplicated count of consumers served per population. This is not a sum of the rows above	Total cost of services delivered.

CMHSP SUB-ELEMENT COST REPORT FY 2003-05 - ALL SERVICES

Time Period: 10/1/02- 9/30/03

Due Date: December 31, 2003

Time Period: 10/1/03-9/30/04

Due Date: December 31, 2004

	Supports & Services	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D. Other
			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	
1	State Plan Services											
1	ACT	Enctr										
2	Assessment, Evaluation & Testing	Enctr										
3	Behavior Management Review	Enctr										
4	Clubhouse Program	15 min										
5	Community Inpatient	Day										
6	Crisis Interventions	Hour										
7	Crisis Residential	Day										
8	Health Services	Enctr										
9	Home-Based	Enctr										
10	Intensive Crisis Stabilization	Hour										
11	Med. Administration	Enctr										
12	Med. Reviews	Enctr										
13	MH Therapy & Counseling	Enctr										
14	Nursing Home MH Monitoring	Enctr										

	Supports & Services	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D. Other Cost
			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	
15	Program Element/ Sub-Elements	Enctr										10. Cost
16	Occupational Therapy	Day										
17	Partial Hospitalization	Day										
18	Personal care in Spec Res	Day										
19	Physical Therapy	Enctr										
20	Speech & Language Therapy	Enctr										
21	State Hospital Inpatient/ICF/MR	Day										
22	Targeted Case Management	Enctr										
23	Treatment (Person-centered) Planning	Enctr										
24	Transportation	Enctr										
II.	Hab Supports Waiver Svs											
1	Chore Services	15 min										
2	Community Living Supports	15 min										
3	Enhanced Dental	Enctr										
4	Enhanced Equipment	Item										
5	Enhanced Supplies	Item										
6	Enhanced Pharmacy	Month										
7	Environmental Mods	Item										
8	Family Training	Enctr										

	Supports & Services	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D. Other
			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	
9	Out-of-home non-voc hab	15 min										10. Cost
10	Personal Emergency Response (PERS)	Month										
11	Prevocational Services	15 min										
12	Private Duty Nursing	15 min										
13	Respite care	15 min										
14	Supports Coordination	Enctr										
15	Supported Employment	15 min										
III	Children's Waiver											
1	Community Living Supports	15 min										
2	Enhanced Transportation	Enctr										
3	Environmental Accessibility Adaptations	Item										
4	Family Training	Enctr										
5	Non-family Training	Enctr										
6	Respite care	15 min										
7	Specialized Equipment	Item										
8	Specialized Supplies	Item										
9	Specialty Services	Enctr										
IV	Alternatives for MI											

	Supports & Services	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D. Other
			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	
1	Program Element/ Sub-Elements	15 min										10. Cost
2	Community Living Training & Supports	Hour										
3	Extended Observation Beds	Hour										
4	Family Skills Development	Enctr										
5	Housing Assistance	Month										
6	Peer-delivered/operated Svs	none										
7	Prevention/direct Model	Cont										
8	Respite care	15 min										
9	Skill-building assistance	15 min										
10	Supported Employment	15 min										
11	Support Independent Housing Services	Day										
12	Wraparound	Month										
V.	Alternatives for DD											
1	Assistance with Challenging Behaviors	15 min										
2	Assistive Technology	Item										
3	Community Living Supports	15 min										
4	Crisis Stabilization	Hour										

	Supports & Services	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D. Other
			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	
	Program Element/ Sub-Elements											
5	Enhanced Health Care	Enctr										
6	Environmental Mods	Item										
7	Family Support/skills	Enctr										
8	Housing Assistance	Month										
9	Prevention-direct Model	Cont										
10	Respite care	15 min										
11	Skill-building	15 min										
12	Support & Service Coord	Enctr										
13	Supported Employment	15 min										
14	Supported Independent Housing Services	Day										
VI	Other											
1	Day Program	Day										
2	Prevention - Indirect											
3	Specialized Residential	Day										
4	CMHSP Administration											
5	Total Consumers Served											

Note: hours can be recorded in decimals, two places